24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
REPLACEMENTS LTD PAC				
	C C00427849			
	M = M / D = D / Y = Y = Y			
Check if 24-hour report 48-hour report New report Amends report f				
Full Name of Payee Poplacoments Ltd	Date of Public Distribution/Dissemination			
Replacements, Ltd.	10 11 2016			
Mailing Address PO Box 26029	Amount			
City State Zip Code	0.60			
Greensboro NC 27420	Transaction ID : SE.4691 Date of Disbursement or Obligation			
Purpose of Expenditure Photocopying of Voter Guide Bruce Davis Category/ Type 004	10 11 2016			
Name of Federal Candidate Support O	ffice Sought: X House District: 13			
Davis, Bruce, , , Oppose	President Senate State: NC			
Odichadi Todi To Bato	isbursement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
Replacements, Ltd.	10 11 2016			
Mailing Address PO Box 26029				
	Amount			
City State Zip Code	0.60			
Greensboro NC 27420	Transaction ID: SE.4692 Date of Disbursement or Obligation			
Purpose of Expenditure Photocopying of Voter Guide Deborah Ross Category/ 004	M M / D D / Y Y Y Y			
Type	10 11 2016			
	Office Sought: House District:			
Ross, Deborah, , , Oppose	President Senate State: NC			
	isbursement For: Primary General 016			
	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1.20			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political				
party committee) any political party committee or its agent.				
Palmer, Gary, M, Mr.,	M = M / D = D / Y = Y = Y			
[Electronically Filed] Date	10 11 2016			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
REPLACEMENTS LTD PAC	C C00427849			
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
	ate of Public Distribution/Dissemination			
Replacements, Ltd.	10 11 2016			
Mailing Address PO Box 26029	mount			
City State Zip Code	0.60			
	ransaction ID : SE.4693 ate of Disbursement or Obligation			
Purpose of Expenditure Photocopying of Voter Guide Hillary Clinton Category/ Type 004	M M / D / Y Y Y Y 1 1 2016			
Name of Federal Candidate Support Office So	ought: House District:			
CUNTON HILLARY RODHAM	esident Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ment For:			
	ate of Public Distribution/Dissemination			
Replacements, Ltd.	10 11 2016			
Mailing Address PO Box 26029	mount			
City State Zip Code	0.60			
	ansaction ID : SE.4694 late of Disbursement or Obligation			
Purpose of Expenditure Photocopying of Voter Guide John McNeil Category/ Type 004	M 10 / D D / Y Y Y Y Y Y 2016			
Name of Federal Candidate Support Office So	ought: 🗶 House District: 02			
MCNEIL, JOHN P, , ,	esident Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	1.20			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	1141141141			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Palmer, Gary, M, Mr., [Electronically Filed] Date 10	11 2016			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Sc	hedule E)	TOTILO	PA FO	GE 3 OF 5 R SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)		FEC IDEN	TIFICATION NUMBER ▼	
K	EPLACEMENTS LTD PAC		C C00	427849	
Check if 24-hour report					
٦	Full Name of Payee		Date of Public Dis	stribution/Dissemination	
	Replacements, Ltd.		10	11 2016	
	Mailing Address PO Box 26029		Amount		
	City State	Zip Code		0.60	
	Greensboro NC	27420	Transaction ID : S Date of Disburser	SE.4695	
	Purpose of Expenditure Photocopying of Voter Guide Josh Brannon	Category/ Type 004		11 2016	
	Name of Federal Candidate	✗ Support	Office Sought:	louse District:05	
	Brannon, Josh, , ,	Oppose		Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought	0.60	Disbursement For: 2016 Other (specify	Primary x General	
	Full Name of Payee		Date of Public Dis	stribution/Dissemination	
	Replacements, Ltd.		10	11 2016	
	Mailing Address PO Box 26029		Amount		
1	City State	Zip Code		0.60	
	Greensboro NC	27420	Transaction ID : S Date of Disburser	E.4696 ment or Obligation	
	Purpose of Expenditure Photocopying of Voter Guide Rick Bryson	Category/ Type 004	10 /	2016	
1	Name of Federal Candidate	x Support	Office Sought:	House District: 11	
	Bryson, Rick, , ,	Oppose		Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought	0.60	Disbursement For: 2016 Other (specify	Primary X General y) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures			1.20	
1.20					
	(b) SUBTOTAL of Unitemized Independent Expenditures		>	7	
	(c) TOTAL Independent Expenditures		-	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Palmer, Gary, M, Mr., [Electronic Signature]	cally Filed] Date	10 / 11	2016	
	Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 4 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼	
REPLACEMENTS LTD PAC			С	C00427849	
Check if 24-hour report					
Full Name of Payee			Date of Public	Distribution/Dissemination	
Replacements, Ltd.			10	11 / 2016	
Mailing Address PO Box 26029			Amount		
City	State	Zip Code		0.60	
Greensboro	NC	27420	Transaction I Date of Disbu	D: SE.4697 ursement or Obligation	
Purpose of Expenditure Photocopying of Voter Guide Thomas Mills		Category/ Type 004	10	11 / 2016	
Name of Federal Candidate		x Support	Office Sought:	House District: 08	
Mills, Thomas, , ,		Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		0.60	Disbursement For: 2016 Other (sp	Primary ✗ General ecify) ▶	
Full Name of Payee				c Distribution/Dissemination	
Replacements, Ltd.			M M M 10	11 2016	
Mailing Address PO Box 26029			Amount		
City	State	Zip Code		0.60	
Greensboro	NC	27420	Transaction ID Date of Disbu		
Purpose of Expenditure Photocopying of Voter Guide Alma Adams		Category/ Type 004	10	11 2016	
Name of Federal Candidate		x Support	Office Sought:	House District: 12	
ADAMS, ALMA SHEALEY, , ,		Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		0.60	Disbursement For: 2016 Other (sp	Primary ✗ General	
(a) SUBTOTAL of Itemized Independent Expe	enditures)	1.20	
(b) SUBTOTAL of Unitemized Independent Ex	xpenditures				
(c) TOTAL Independent Expenditures)	4	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Palmer, Gary, M, Mr.,	[Electron	ically Filed] Date	M M / D D D 11	2016	
Signature	LECCHON	Date		2010	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
REPLACEMENTS LTD PAC				
	C C00427849			
check if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
REPLACEMENTS LTD PAC	M M / D D / Y Y Y Y			
Mailing Address PO BOX 26029	10 11 2016 Amount			
	7 III GUIN			
City State Zip Code	0.60			
GREENSBORO NC 27420	Transaction ID : SE.4698 Date of Disbursement or Obligation			
Purpose of Expenditure Photocopying of Voter Guide Pete Glidewell Category/ Type 004	10 11 2016			
Name of Federal Candidate Support Offic	e Sought: X House District: 06			
Glidewell, Pet, , ,	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary X General Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M M / D D / Y Y Y Y			
Mailing Address	A			
	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/	M M / D D / Y Y Y Y			
Type				
Name of Federal Candidate Support Office	e Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Disb	ursement For: Primary General			
Per Election for Office Sought	Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	0.60			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	5.40			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Palmer, Gary, M, Mr., [Electronically Filed] Date	10 11 2016			
Signature	2010			